

## DECLARATION FOR PATENT APPLICATION

As a below named inventor, we hereby declare that my residence, post office address and citizenship are as stated below next to my name; we believe that we am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MEDICAL DEVICES HAVING ANTIMICROBIAL PROPERTIES, the specification of which \_\_\_\_\_ is attached hereto; \_\_\_\_\_ was filed on \_\_\_\_\_, as Application Serial No. \_\_\_\_\_ and was amended on (or amended through) \_\_\_\_\_ (if applicable). We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

## Prior Foreign Application(s)

## Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	yes	no
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We hereby claim the benefit under title 35, United States code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.) (Filing Date) (Status-Patented, Pending, Abandoned)

We hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional application(s) listed below.

(Application Serial No.) (Filing Date)

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and

belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: I (We) hereby appoint as my (our) attorney(s), with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Marvin E. Jacobs, Registration No. 20,632

Send correspondence to:

Marvin E. Jacobs  
KOPPEL & JACOBS  
2151 Alessandro Drive, Suite 215  
Ventura, California 93001  
Telephone: (805) 648-5194

Edmund V. Seder U.S.A.  
Full Name of First or Sole Inventor Citizenship

500 Barker Pass Road Same  
RESIDENCE Address -Street POST OFFICE Address

Santa Barbara 93108 Same  
City (Zip) City (Zip)

California Same  
State or Country State or Country

08 April 01 Edmund Veder  
Date Signature

Jesse N. Nelson U.S.A.  
Full Name of First or Sole Inventor Citizenship

407 Camino Talavera Same  
RESIDENCE Address -Street POST OFFICE Address

Goleta 93117 Same  
City (Zip) City (Zip)

California Same  
State or Country State or Country

9 April 2001 Jesse N. Nelson  
Date Signature

Applicant or Patentee: Edmund V. Seder & Jesse N. Nelson  
Serial or Patent No.: Unknown  
Filed or Issued: Herewith  
For: MEDICAL DEVICES HAVING ANTIMICROBIAL PROPERTIES

Attorney's  
Docket No. 371-20-055

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS [37 CFR 1.9(f) and 1.27(c)] - SMALL BUSINESS CONCERN**

I hereby declare that I am

- the owner of the small business concern identified below;  
 an official of the small business concern empowered to act on behalf of the concern identified below;

NAME OF CONCERN Helix Medical, Inc.

ADDRESS OF CONCERN 1110 Mark Avenue, Carpinteria, California 93013

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regards to the invention entitled MEDICAL DEVICES HAVING ANTIMICROBIAL PROPERTIES by inventor(s) Edmund V. Seder & Jesse N. Nelson described in

- the specification filed herewith;  
 application serial no. \_\_\_\_\_, filed \_\_\_\_\_  
 patent no. \_\_\_\_\_, issued \_\_\_\_\_.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

NAME:  
ADDRESS:

INDIVIDUAL       SMALL BUSINESS CONCERN       NON-PROFIT ORGANIZATION

NAME:  
ADDRESS:

INDIVIDUAL       SMALL BUSINESS CONCERN       NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Edmund V. Seder

TITLE OF PERSON OTHER THAN OWNER President

ADDRESS OF PERSON SIGNING 500 Barker Pass Road, Santa Barbara, CA

SIGNATURE Edmund V. Seder

09 April 01

Applicant or Patentee: Edmund V. Seder & Jesse N. Nelson Attorney's  
Serial or Patent No.: Unknown Docket No. 371-20-055  
Filed or Issued: Herewith

For: MEDICAL DEVICES HAVING ANTIMICROBIAL PROPERTIES

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS**  
**[37 CFR 1.9(f) and 1.27(c)] - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled MEDICAL DEVICES HAVING ANTIMICROBIAL PROPERTIES described in

the specification filed herewith.

application serial no. \_\_\_\_\_, filed \_\_\_\_\_.

patent no. \_\_\_\_\_, issued \_\_\_\_\_.

I have not assigned, granted, conveyed or licensed and am under obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such person, concern, or organization.

person, concerns or organizations listed below.\*

\* Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME: Helix Medical, Inc.

ADDRESS: 1110 Mark Avenue, Carpinteria, California 93013

INDIVIDUAL       SMALL BUSINESS CONCERN       NON-PROFIT ORGANIZATION

NAME:

ADDRESS:

INDIVIDUAL       SMALL BUSINESS CONCERN       NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Edmund V. Seder

NAME OF INVENTOR

Edmund V. Seder

SIGNATURE OF INVENTOR

09 April 01

DATE

Jesse N. Nelson

NAME OF INVENTOR

Jesse N. Nelson

SIGNATURE OF INVENTOR

4/9/01

DATE

NAME OF INVENTOR

SIGNATURE OF INVENTOR

DATE